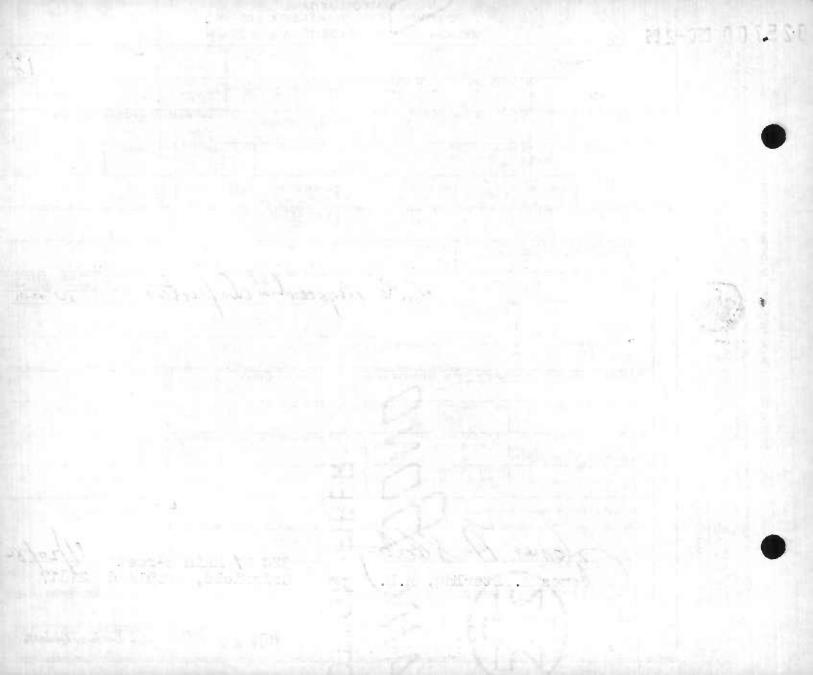
	FOR STATE REGISTRAR		MI	DEPARTMENT OF				REG. NO.	3 0 3	2 4
	CEASED NAM	E FIRST		MIDDLE		LAST	2a. DATE	KNOWN MO	NTH DAY YEAR	
-	86	COULBOU	RNE	н.	BR	ADSHAW	OF DEATH	MATED NO	v. 24 1986	3 55 M
SE:	Male	4. RACE White	5. DATE OF BIRTH MONTH DAY Apr. 27	YEAR LAST BIRTH		NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUN DEAD			24 11001
FC	RTHPLACE (S DREIGN COUNTRY) Marylan	d	υ.	S.A.	WIDOV	EIED NEVER MARR	IED 🔲	ORECITY OR CO Somerset	UNTY OF DEATH	MD.
1	risfie	ld	Home - Z	SPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS OS Myrtle	St.	HER INSTITUTION	FOR MOST OF WOR	KING LIFE)	ORK 12b. KIND OF E OR INDUS	STRY
130. S	aryland	Some	ROTHER INSTITUTION, TY Prset	GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Crisfie		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRE	ss le Stree	t (21817	")
1	Andrew		MIDDLE J.	Bradshav		15. MOTHER'S MAID	ENNAME	IDDLE	Tull	
()	ES, NO, OR UNKNO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT	Des del	ADDRESS	40	1
no		none		217-05-25) 13	Estelle E.	bradsnaw	came	as 13 a,	D, C, C,
	PART I DE	ATH WAS CAUSED		he far (a), (b), and (c).) Acute M. I.						SET AND DEATH
)	4		(c) CONTRIBUTING TO OFAT	H BUT NOT RELATED TO THE TE	MINAL OISEA	SE OR CONDITION GIVEN IN PA	iRT 1 (a).			
FICAT	190. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OPE	RATION V	VAS PERFORMED?			20. AUTOPS	
CAL CERT	UNDERLYING	NG CAUSE OF D	EATH P.	M. MONTH DAY YEA M. 19	R	OW INJURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 C	YES DR PART 2)	NO 🛣
MEDICAL	21d. INJURY C	NOT WHILE C		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION STREET	CITY OR TO	VN	COUNTY	STATE
	death results ACTUAL SIGNATURE EXAMINERS	ed fram: Mature	al causes X ;	Accident , s	Autor uicide	Homicide	Undetermined mo	INER SK	ATE GNED 11/25 eld, Md.	
23a.B	(TYPE OR PRI	THON PEANOVALTS:		23c. NAME OF C	METERY C	OR CREMATORY	23d LOCATION CHYOR TOWN Crisfie		COUNTY	state dd.
24. F	UNERAL DIREC	tor haw & Sor	ns Cri	isfield, Md.	21	817 DEC	REC'D. BY REGISTRA		der Pondae	

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S NECESSARY PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS		ale white S		923	AGE (IN YEA LAST BIRTHDA 63 YR	Y) MONTHS		IF UNDER 24 Hours M	PRONOUNCED DE AD	Nov. 20	DAY YEAR	2d HOUR
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> ± 0 = 0	5 Ne	ear Deal's Islan	11. NAME OF HOS 1d (IF NOT IN SUCH FAIL Traile	r Gunt	eet ADDRESS)	hore	KINSIIIUI	IION 172	o. USUAL OCCUPATION FOR MOST OF WORKING Waterman	UIFE)	OR INDUST	RY
RE, MD. 21201 EATH. IF ANY DELA ES I, 2, AND 3 TO T PM 3. REFAIN PA IND 2 SHOULD BE F INTER RECORD.	130. S Ma	aryland Kent		13c. CITY C		n	YES [Rte # 1 Bo	ox # 768	21620	
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BALTIMO S AFTER GIVE PA ITH FOR PAGES I	Z 16a. (y		W 2	219	AL SECURITY		Mary	Cape1		e ^{DR} 1 Br rtown, Mo	x 768 d. 21620)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 SCERIFCATE SHOULD BE EXECUTED WITHING HOURS AFTER DEATH. IF ANY RITHS THE WORD "PRINCIPLE TO BE USED TO THE CHEEF OF THE		IB CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if any, which	one cause per line BY: E CAUSE (a) DUE TO, OR	H	and	My	you	whish o	Stafacet	con	APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
DS, 201 W. P. KECUTED WITH ACT IN PENCING ACT IN AC		gave rise to immediate cause (a) stating the <u>underlying cause last.</u> PART 2 DIHER SIGNIFICANT CONDITIONS C	DUE TO, OR (c) ONTRIBUTING TO DEATH 1				DE CONDITION	CIVEN IN BART 1	77-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
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DIVISION PHIS CERTIF WRITING 1 WAGES 5 SHO TATE DEPAR	MEDICAL	CONTRIBUTING CAUSE OF D 218. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY ORY, FARM, ETC		211 LOC	ATION		CITY OR TOWN	COI	UNTY	STATE
EXAMINEE CERTHICATE DIRECTOR: WITH THE S		22a certify that I taok charge death resulted from:	of the remains desc	Accident		Autapsy	Homice		. Inquiry Undetermined manner	and in my op	oinion	/
TO MEDICAL EXAMINER. THIS CE EXECUTE THE CERTIFICATE. WRITE PAGE A SHOULD BE FORWADDE TO FUNERAL DIRECTOR. PAGE 3 AFIER DEATH, WITH THE STATE D BALLIMORE, MARYIAND, 21201P	2	EXAMPLES NATE AMOS	A. Ster		M.D.		DDRESS	Crisf	Median Ma	Tree GNE	2 817	186
BP	В	URIAL, CREMATION, REMOVAL USPECIFY) URIAL	11/22/86	Ch	me of CEM lester	Ceme		DRY	Chesterto			TATE
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	24.F	UNERAL DIRECTOR	ADDRESS		lis Wertown			NOV	5.8.4989 1	Sh REGISTRANGS	GNATUE CON	all l



FOR

- STATE

LAST Lawson RISFIELD. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) our) opinion death occurred on the date and hour and from the causes stated Zh. DATE S DIRECTOR PHYSICIAN Main Street Crisfield, Md. 2181 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR SIGNATURE DHMH - 16 60M 7/84 Trans de concerna (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

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2:00a M

IF UNDER 24 HRS

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IF UNDER 1 YEAR

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	/.		CEASED NAME E OR PRINT)	FIRST		WIDDIE			LAST		20 DATE KNOWN OF ESTI-	MONTH	DAY YEAR	26 HOUR
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	PLEA ECTO ECTO HOUNE STREE	3 SEX	4	I. RACE	S. DATE OF BIRTH	YEAR	LAST BIRTHDA	RS IF UN		ER 24 HRS.	20. DATE PRONOUNCED	MONTH	DAY YEAR	THE THOOK
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WO	S AFTER DE S AFTER DE GIVE PACE THE FOUNT PACES 1 WISSON OF		AS DECEASED	EVER IN U.S. AR	RMED FORCES?	16b. SOCI.	AL SECURITY	NO.	17. INFORMANT		ADDŖ			
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201 W. PRESTON ST.	SHOULD BE EXECUTED ORD "PENDING" IN PECHIEF MEDICAL EXAM EL USED AS A BURIAL. TO F HEALTH AND MEDICAL CREMATION, C		lying caus	e last.	(6)									
	D BE EXECUTE ENDING" IN MEDICAL EXA AS A BURIAL ALTH AND M CREMATION,		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATE	O TO THE TERMI	INAL DISEASE	OR CONDITION GIVEN II	PART 1 (a)				
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DIVISION OF VITAL	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD ECUTE THE CERTIFICATE, WRITING THE WORD ""PIGE 4 SHOULD BE FORWARDED TO THE CHIEF YE SHOULD BE HOSE 3 SHOULD BE USED TREATED." PAGE 3 SHOULD BE USED TREATED INFECTOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE TRANSPERMENT OF HE TR	MEDICAL	71d INJURY OF	CCURRED	21e PLACE	OF INJURY	(AT HOME.		CATION					
5	HIS CHARLES ARE DI ATE DI 1201 I	X	WHILE AT WORK	NOT WHILE	STREET, FAC	ORY, FARM, ETC	2.)	5	TREET		CITY OR TOWN	co	YINU	STATE
	THIS WARE PAGE STATE		ATWORK	AT WORK			_							
	EXAMINER: CERTIFICATE ULD BE FORN DIRECTOR: , WITH THE S MARYLAND,		22a. I certify	that I took char	ge of the remains des	cribed above	e, held an	Autap	sy XX Inspec	tion .	Inquiry	and in my of	oinian	
	ME WITH		death resulted	d fram: Note	ural causes LX	Accident	, Sui	cide 📖	, Hamicide L	. Undet	termined manner	₫.		
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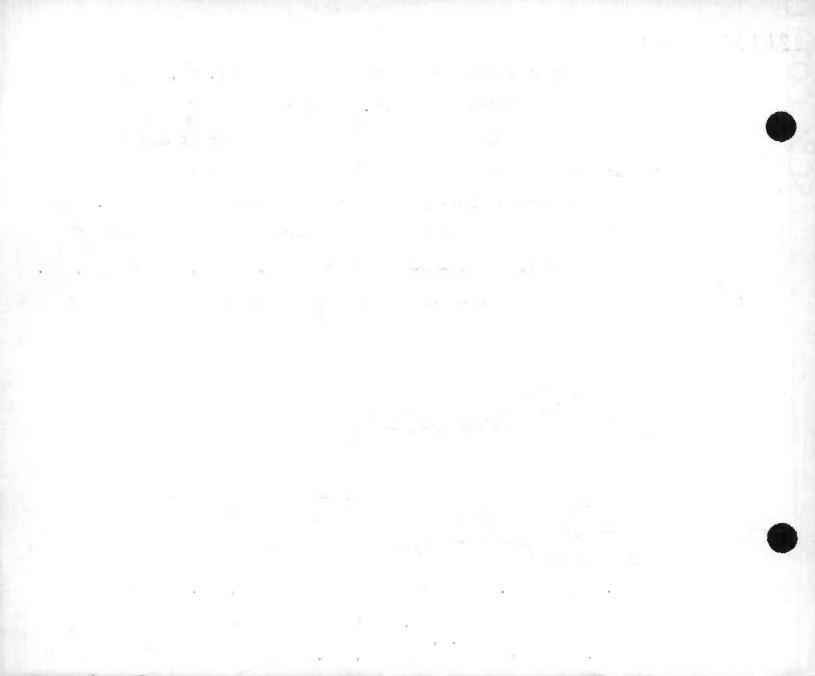
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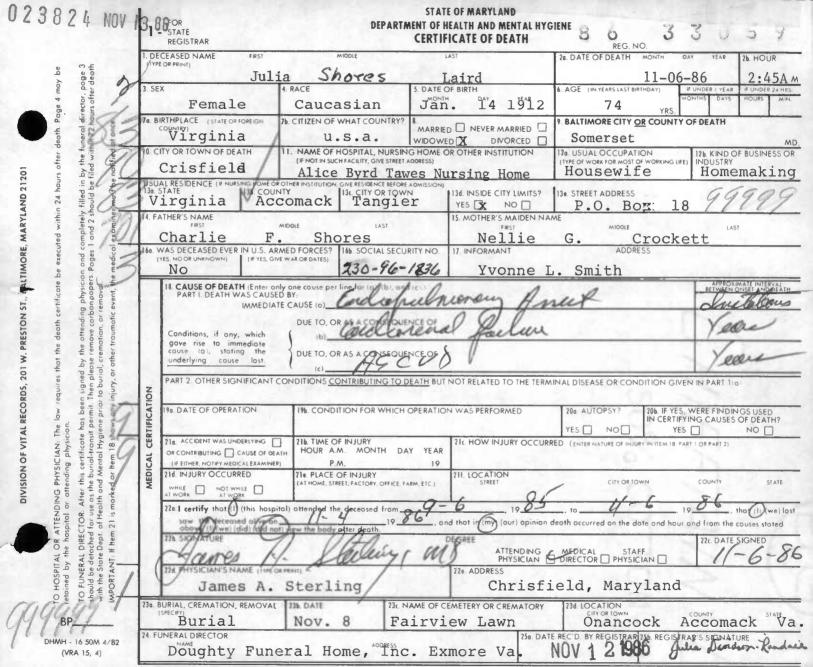
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E,		Lerov	E.	J	Tones	DEATH M	ATED (11-23-862	A
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NO L	M	ale Bl.	11-27-14	71 YRS.	DATS HOOKS	DEAD	11-	23- 1986 10.	4
30 1		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIE	ED NEVER MARRIEL	9 BALTIMOR	E CITY OR COU	NTY OF DEATH	
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41	0 CI	LY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		ER INSTITUTION	12a. USUAL OCCUPAT	ION (TYPE OF WORK	OR INDUSTRY	SS
		ncess Anne, M	d. /+	1 HOME		FOR MOST OF WORKING	r		
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4			The state of the s	incess Any	S NO			Md. 2185	
N	14. FA	THER'S NAME FIRST	MIDDLE	IAM	15. MOTHER'S MAIDEN	NAME		LAST	
9		FMOTY VAS DECEASED EVER IN U.S. ARV		es	Mary	IJ		Jones	
1	6a. W	AS DECEASED EVER IN U.S. AR/	MED FORCES? IMA SO WAR OR DATES)	CIAL SECURITY NO.	7. INFORMANT	/	DD PS	Box Free	
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		18. CAUSE OF DEATH (Enter on		5, and 11				APPROXIMATE INTER	VAL
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Š			DUE TO, OR AS A CO	QUENCE OF					
		Conditions, if any, which gave rise to immediate		7					
		couse (a) stating the under- lying couse last.	DUE TO, OR AS A CO	NSEQUENCE OF					8
73			(c)				and the	14	
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7	CAI	198. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WA	AS PERFORMED?			20 AUTOPSY?	
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3	CE	210. EXTERNAL CAUSE WAS	116. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	W INJURY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART I OR	PART 2)	
5	MEDICAL	CONTRIBUTING CAUSE OF I		19					
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	1	AT WORK AT WORK							
		22a I certify that I took charg	ge of the remains described ab	ove, held on Autops	y . Inspection	Inquiry [ond in my	opinion	
		death resulted from Notus	rol couses . Acciden	Suicide .	Homicide .	Undetermined monne	er .		
		//	10	1	TITLE (SPECIFY)				
		SIGNATURE HOWES	Re 1	leeling		MEDICAL EXAMINE	R DAT	ENED 11-25-8	6
1		(/	50		320 W.	. Main St			
7		EXAMINER'S NAME (TYPE OR PRINT)	s A. Sterli	ng MID	ADDRESS Crisfi		vland	21817	
2	23a.BL	IRIAL, CREMATION, REMOVAL 2	23b. DATE 23c	NAME OF CEMETERY OF		23d, LOCATION CITY OF TOWN	C.	DUNTY STATE	
	(3	Burial	11-28-86 л	ohn Wesley	7				
		INERAL DIRECTOR		•	25e. DATE RE	C'D. BY REGISTRAR	IST REGISTRAR'S	SIGNATURE	
	Ar	thony Ward C	ove St. Cri	sfield, Md.	DEC 2	1986	Julia Trong	from Parlace	à
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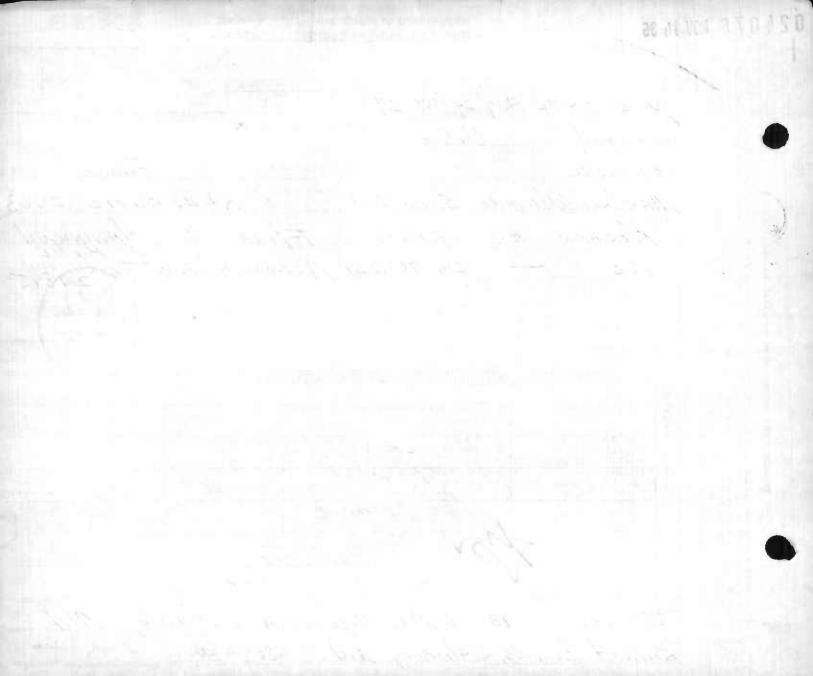
STATE OF MARYLAND





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7 2 1	O I U NOV	Lat.	REGISTRAN	MEDICAL EXAMINER'S CERTIFICATE	OF DEATH REG. NO.	
+		1.06	CHASED NAME FIRST	MIDDLE	28. DATE KNOWN TO MONTH	DAY YEAR 26 HOUR
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	SA S		ROY	JAMES LEWIS		W
	第日本支援	D.SE	K RACE S. D.	6. AGE (IN YEARS IF UNDER) YR. IF UND	DER 24 HRS. 20 DATE MONTH	DAY YEAR 2d. HOUR
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	SHREE SH	1		AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
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	EXAMINER CERTIFICA UID BE FO DIRECTOR (WITH THE MARYLAND					annoo
-	EXAMI CERTIFICATION BE DIRECTORIES WITH		death resulted from: Natural car	se , Accident , Suicide , Homicide &	Undetermined manner,	
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100	KERSEW-	1	ACTUAL SIGNATURE	M.D.Assistan	T MEDICAL EXAMINER SIGNE	ED 11-3-86
	DICAL PER THE	1	EVALUATE CONTRACTOR CO	/ B # 66		
	素以2km B 获写	1	(TYPE OR PRINT) Gr	gory R. Kauffman, M.D. ADDRESS	111 Penn Street	
	525552	13a.B	URIAL, CREMATION, REMOVAL 23b. DA		23d. LOCATION	2 1
	100	T	2110101 11	102/1601 Man 2/11-11	CITY FIR TOWN	NTY MOSTIE
07/84 25M	BP	74 5	UNERAL DIRECTOR.	1781 / VCOU Nepe CEN	TE REC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE.
	DHMH - 17	1	JAME 6 - C/	ADDRESS		
	(VR A15 ME (5))	25	BRERY BOUNG	s, SALISBURY AND. NO	N 1 4 1986	



		E O B			MARYLAND	3 3 0 6 1
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>=59/z	F	emale Whit	MONTH DA	9, 1984, 2 YRS.		CED
ARAN	76. B	IRTHPLACE (STATE OR	76. CITIZEN OF	WALLAT COLINTERNA	I DAITHAG	11-10-869 11:15 DRECITY OR COUNTY OF DEATH
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N S S S S S S S S S S S S S S S S S S S		ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME, OR OTH	IER INSTITUTION 120. USUAL OCCUP.	ATION (TYPE OF WORK 12h KIND OF BUSINESS
21201 F ANY DELAY IS NEGESSARY, NEASE AND 3 TO THE FUNERAL DIRECTOR RETAIN PAGE 5 FOR YOUR FILES HOURS BE PLED WITHIN & HOURS RECORDS, 201 W. PRESTON VIRHET	M	arion Statio		Station, Md. P.O	Box 314 FOR MOST OF WORK	OR INDUSTRY
ANN	USU/ 13e. S		G HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? 13e STREET ADDRES	
ANN AND 3	M		Somerset	Marion Station	YES NO IX P. O. BO	ox 314 (21838)
A SANGA	14. E	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAME	DDLE LAST
O SEESE		Michael	Andrew	Long	Deborah Lyı	
F-0206 /	16a V	VAS DECEASED EVER IN	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS Same as
1					Deborah & Michael Lo	
		18 CAUSE OF DEATH (Enter only one cause per I CAUSED BY:	ine for (a), (b), and (c).) Smoke inhalation		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL SERVICE		and the second s	MEDIATE CAUSE (0)			
NO WO	7	0102	- 2	OR AS A CONSEQUENCE OF		
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NG" IN PEN CAL EXAMI BURIAL - TE A AND MEN WATION, OF	2	cause (a) stating th lying cause last.	e under-	OR AS A CONSEQUENCE OF		
NA SE			(c)			
VE, WRITING THE WORD, "FENDING" IN FENCIL DRWARDED TO THE CHIEF MEDICAL EXAMINER AC REPAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT E STATE DEPARTMENT OF HEALTH AND MENTAL DO, PLOST PRIOR TO BURIAL, CREMATION, OR REMOVE	z	PART 2 DIHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (d)	
- CRAS	CERTIFICATION	190 DATE OF OPERATION	ON TIPL CON	DITION FOR WHICH OPERATION V	AC BEDEODANED?	I an AUX ORGAN
SAL SECTION	S.	DATE OF GLERAIN	178. CON	DITION FOR WHICH OPERATION V	AS PERFORMED:	20 AUTOPSY?
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SOE SOE	A.	WHILE NOT WI	HILE STREET, F			Station, Maryland STATE
ANA	134	AT WORK AT WOR	K TIC	JIIC 1		
SE HO		22a. I certify that I to	ok charge of the remains o		sy X, Inspection . Inquiry	, ond in my opinion
W DEF		death resulted from:	Natural causes	Accident X , Suicide	, Homicide Undetermined mor	nner .
EXAMINES CERTIFICA JID BE FO DIRECTOR WATH THE		ACTUAL		at VI	TITLE (SPECIFY)	11 11 06
A H P H H	-	SIGNATURE		^ // ^	Assistant MEDICAL EXAMI	DATE 11-11-86
TO MEDICAL EXAMPRE; THIS ECCUIE THE CERTIFICATE, WHE PAGE 4 SHOULD BE FORWARD TO FUNEAAL DIRECTOR; PAGE ATTER DEATH, WHE THE STATE BATTIMORE, MARYDAND, Q120		EXAMINER'S NAME	Grego:	ry R. Kauffman, M	1.D. 111 PennStr	reet
EXECUTE PAGE 4 TO FUN BALTIMO		(TYPE OR PRINT)			ADDRESS Balto., Md	. 21201
75.12€<	23a.B	URIAL, CREMATION, REM SPECIFY) Burial	11/12/8	6 Beechwood Co	CITY OR TOWN	Anne Somerset Md.
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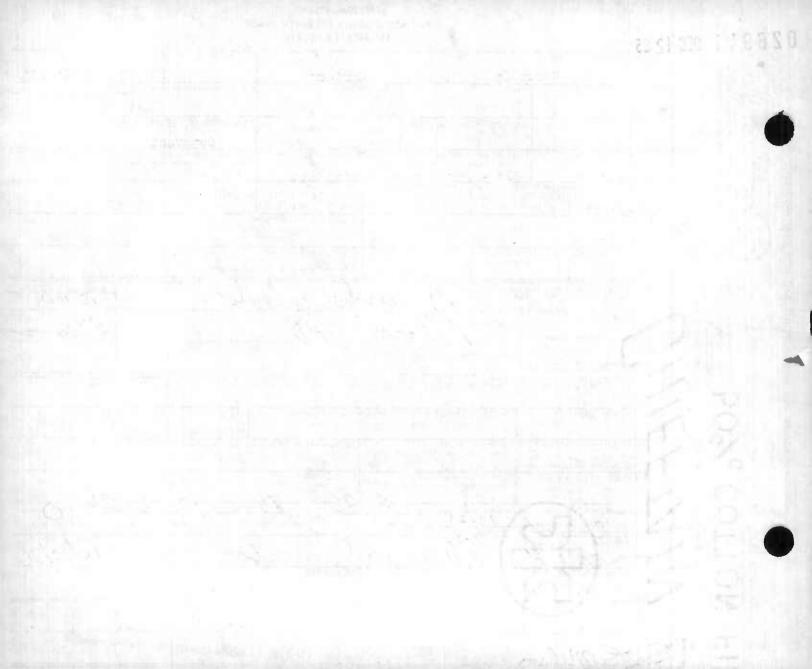
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2 1 De 1	14	Ĕ								YES	NOU		YES T	_	OF DEATH?
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新者 神事を	=4	AE	OF CONTRIBUTING CAUSE	COPUEATH		.M. MONTH D	AY YEAR	1000							
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ospi UNE UNE Selbe	1	(226 PHYSICIAN'S NAME			/		22+ ADDRES	Contract of the second						/
A CO CO STATE	8	1	James H	. Ste	erin	ng/Md.		Cris	sfield	, Ma	•			3	
5 5 2 4 3	5	23a.	BURIAL, CREMATION, REM	OVAL 238	DATE	23ε.	NAME OF C	EMETERY OR	CREMATORY		CATION CITY OR TOWN			DUNEN	STATE
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DHMH - 16 50M	4 (00	24 F	UNERAL DIRECTOR		, -				25a. DA1	E RECIDAB	Y REGISTR	AR ME RE	STRAR	ROHOLA	CRE
(VRA 15, 4)		5	THE MI	Danes	Poc	omoke Ci	+37	БМ	DECIM	O LACK	E guil	Parente for	Man - A	P. Carrie	3
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Md. 21817

STATE OF MARYLAND

Clark Grace E. Marshall - same as 13 abcde APPROXIMATE INTERVAL BETWEEN ONS AND DEATH 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) and that in [my] (aur) opinian death occurred an the date and hour and fram the couses stated Crisfield - Somerset 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2b. HOUR

126. KIND OF BUSINESS OR

P. O. Box 44

State of MD

LAST

2:30p

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Bradshaw & Sons, Crisfield,

Ect. 5, 100 E

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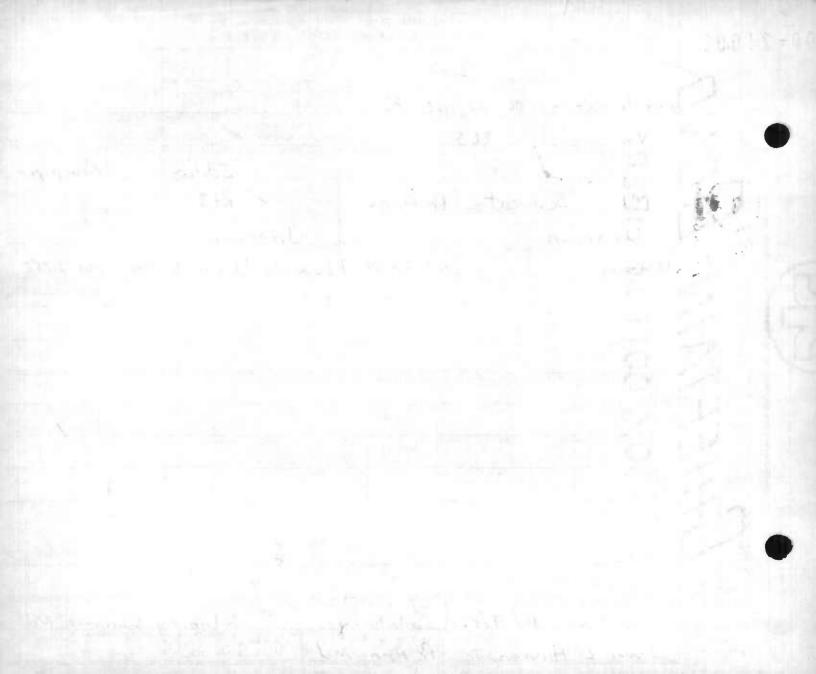
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P. HETHER

Jan 30 C

			1	STATE OF MARYLAND	6 -1
				FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS	
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	6.0	. 0 0 0	1	I DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN X MONTH DAY OF ESTI-	YEAR 26 HOUR
		SS.S.S.	4	ROBERTA Lee MIDDAUGH DEATH MATED 10 5	19 86 M
		要品も高く	3	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 20 DATE MONTH DAY LAST BIRTHDAY) MONTHS DAYS FOURS 1 AND PRONOLINGED	YEAR 24 HOUR
		SARY, PLEASE ALDIRECTOR. YOUR FILES. IIN 72 HOURS		Female White OG 08 1903 83 YRS. PRONOUNCED DEAD 10 5	19 86 7:15 PM
		GESSARY, JERAL DIR OR YOU! ITHIN 72	7 -1	76. BIRTHPLACE (STATEOR 76. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF	
		m Z m S m	-	FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWED DIVORCED Somerset County	AAD
		NE SE	N	ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK 1776 K	IND OF BUSINESS
		ALAES.	X	Champ Dt 3	RINDUSTRY
		See See	2	LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	0 1081
	120	/ \$ \$ \$ E &	3 2K	STATE 136 COUNTY 136, CITY OR TOWN 13d INSIDE (ITY LIMITS? 126 STREET ADDRESS YES NO 127 K+3	X/85, 3
	D. 2	1 3 3		14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
	*	English	3/1	FIRST MIDDLE LAST FIRST MIDDLE	LAST
	080	当日まるか!	ALL	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
	BALTIMORE, MD. 21201	URS AFTER 8. GIVE P WITH FOR T. PAGES I	71	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	1 2.602
	- X	B. GIV WITH T. PAC DIVIS	1 =	Unknown 1/13-20-943//Loyan Widowson, Pr Anne, Ma	1 21822
	- 10	18. 18. AIT. E, D	3	BADT I DEATH WAS CALLEED BY	WEEN ONSET AND DEATH
	PRESTON ST.	A ITEM I ALONG IT PERM YGIENE	1	MAKEDIATE CAUSE (0) Smoke and soot inhalation	
	EST	A A E	2	Conditions, if any, which	
	- C	NER OF	X	gave rise to immediate (b)	
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	ត	WRIT WARDI WARDI PAGE	37	WHILE AT WORK AT WORK NOT WHILE AT WORK NOT WHILE house STREET Rt. 3 Champ Somerse	et MD
		JER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3S HE STATE DEP	2	22a. I certify that I took charge of the remains described above, held an Autopsy K, Inspection . Inquiry . and in my opinion	
			5	deoth resulted from: Monral causes . Accident . Suicide . Homicide . Undetermined manner .	
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		DHMH - 17 (VR A15 ME (5		NAME ADDRESS A ADDRESS A ADDRESS	
		(ALV MID ME)	11	James L Hinney Jr Pr. Agne Md 101 10 1986	



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. /		OR PRINTI	FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
hours ofter death			Sarah	M.	Peyt	on	11-05-86		4:17 P
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3/		RTHPLACE (STATE OR FO	REIGN 76. CITIZEN C	F WHAT COUNTRY	V2 8	EVER MARRIED	BALTIMORE CITY OR COL		
30		Maryland	U.	S.A.	WIDOWED	DIVORCED [Somerset		A
70	10 CI	TY OR TOWN OF DEAT	(IF NOT IN	SUCH FACILITY, GIVE STRE	SING HOME OR OTHE EET ADDRESS) Wes Nursin		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Physician	ING LIFE) INDUSTR'	of Business C Lcine
og rec	USUA 130. S	AL RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUTE 13b COUNTY Somerset	ON, GIVE RESIDENCE BEFORE 13c. CITY OR TO Crisfi	ORE ADMISSION)	SIDE CITY LIMITS?	13. STREET ADDRESS.	(21817)	
50	_	Maryland I	Somerset	Crisii		THER'S MAIDEN NAM		(21017)	
里口	IS. FA	William	J.	Peyton		Margaret	WIDDLE	Adam	AST S
medical	0	VAS DECEASED EVER IN YES, NO OR UNKNOWN]	U.S. ARMED FORCES (IF YES GIVE WAR OR DATES)			ORMANT Lly Trizar	459 Upland Redwood C	d Rd.	94062
trasm.		Conditions, if any, gave rise to imme	which (b),	* B Co	www au	tery lle	autoris	Yas	ges_
prior to buriel, cremphon any injury, or other traum	CATION	gave rise to imme exuse (at, stating underlying couse	which ediate that total tost. (c).	OR AS A CONSEQ	DUENCE OF	LATED TO THE TERMIN	NALDISEASE OF CONDITION 280: AUTOPSY? 186: 1	N GIVEN IN PART 1	INGS USED
12	ERTIFICATION	gove rise to imme crosse (o) shoting underlying couse PART 2. OTHER SIGNI 19x DATE OF OPERATA	which rediste the DUETO, toxt (c). FICANT CONDITIONS ON 19b. COM	OR AS A CONSEQ CONTRIBUTING TO KOTTON FOR WHICE	DUENCE OF DEATH BUT NOT RE	LATED TO THE TERMIN	NAL DISEASE OR CONDITION 186 AUTOPSY? YES: NO.	N GIVEN IN PART I	INGS USED
m 18 show any injury, or other trasm		gove rise to imme couse underlying couse PART 2 OTHER SIGNI 192 DATE OF OPERATA The ACCIDENT WAS UNDER OR CONTRIBUTING C CA	which rediate that DUE*TO, (c). FICANT CONDITIONS ON 196 CON BIVING 176 TIME HOUR	OR AS A CONSEQ CONTRIBUTING TO CONTRIBUTING TO	DUENCE OF D DEATH BUT NOT RE CH OPERATION WAS DAY YEAR 216 HO	LATED TO THE TERMIN	NAL DISEASE OR CONDITION 28s. AUTOPSY? 10s. IN C.	N GIVEN IN PART I	INGS USED S OF DEATH?
17		gove rise to imme couse on the couse of the shoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATA THE ACCIDENT WAS UNDER	which ediate the DUETO, toxt (c). FICANT CONDITIONS ON 19b CON BIVING [] 27b TIME HOUR HOUR LEARNINGS	OR AS A CONSEQ CONTRIBUTING TO ADITION FOR WHILE OF INJURY A.M. MONTH P.M. C.E. OF INJURY	DUENCE OF DEATH BUT NOT RE CH OPERATION WAS DAY YEAR 19 111 CC	PERFORMED OW INJURY OCCURRENCES CATION	NAL DISEASE OR CONDITION THE AUTOPSYT THE TEST NO DISEASE OF MUSIC OF MUSI	F YES, WERE FIND FYES, WERE FIND EXTENTION CAUSE YES TO M 18 PART I GREAT IN	INGS USED S. OF DEATH?
ched or them 18 shown ony injury, or other traum	CAL	Gove rise to imme couse (at. stating underlying couse PART 2. OTHER SIGNI 19a. DATE OF OPERATE THE ACCIDENT WAS UNDER LIFETHER NOTES WEDGE LIFETHER NOTES WEDGE	which ediate the DUE*TO. (c). FICANT CONDITIONS ON 196 CON ELYPING THE HOUR LEARNINGED 216 PLACE (AT HOUR	OR AS A CONSEQ CONTRIBUTING TO CONTRIBUTING TO	DUENCE OF DEATH BUT NOT RE CH OPERATION WAS DAY YEAR 19 111 CC	PERFORMED OW INJURY OCCURRE	NAL DISEASE OR CONDITION 186 AUTOPSY? YES: NO.	N GIVEN IN PART I	INGS USED S OF DEATH?
17		gove rise to imme couse to shoring underlying couse and inderlying couse. PART 2. OTHER SIGNI 19s. DATE OF OPERATE 11s. ACCIDENT WAS UNDER ON CONTRIBUTING CA. LIST RITHER NOTICE AT WORK. AT WORK COURSE AT WORK COURS	which ediate the DUETO, the lost (c). FICANT CONDITIONS ON 196 CON NIVING THE TIME HOUR HOUR LEARNINGS I LEARNINGS THE PLACE TO THE HOUR HOUR HOUR HOUR HOUR HOUR HOUR HOUR	CONTRIBUTING TO	DUENCE OF O DEATH BUT NOT RE CH OPERATION WAS DAY YEAR 19 111 CO	PERFORMED OW INJURY OCCURRE CATION STHEET	NAL DISEASE OR CONDITION THE AUTOPSYT THE TEST NO DISEASE OF MUSIC OF MUSI	FYES, WERE FIND ERT FYING CAUSE YES TO THE RAKE I OF PART IS	INGS USED S OF DEATH? NO []
If hen 21 is marked or teen 18 show, any in		gove rise to imme couse to shoring underlying couse and inderlying couse. PART 2. OTHER SIGNI 19s. DATE OF OPERATE 11s. ACCIDENT WAS UNDER ON CONTRIBUTING CA. LIST RITHER NOTICE AT WORK. AT WORK COURSE AT WORK COURS	which rediste the DUETO, ici. FICANT CONDITIONS ON 196 CON STATE TIME HOUSE ED 216 PLACE FILMHOUSE FILMHOUSE	CONTRIBUTING TO	DUENCE OF O DEATH BUT NOT RE CH OPERATION WAS DAY YEAR 19 1, FARM 11C 1	PERFORMED OW INJURY OCCURRE CATION 19 19 Offmy love opinion de	NAL DISEASE OR CONDITION 18th AUTOPSYP 18th YES NO D (ENTER HATURE OF MURE AN IRE CITY OR FOWN IN TO	F YES, WERE FIND ERTIFYING CAUSE YES M 18 FART OR FART 1) COUNTY A Bour and from the	INGS USED S OF DEATH? NO []
Nem 21 is marked or Item 1		GOVE TILE TO IMPRECIONE UNDERLYING COUSE PART 2 OTHER SIGNI THE DATE OF OPERATE THE ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETHER NOTHER MODEL THE SIGNIA TURE	which rediate the DUE*TO, fast. (c). FICANT CONDITIONS ON 196 CON BIVING 19	OR AS A CONSEQUENCE OF INJURY A.M. MONTH P.M. TE OF INJURY STREET, FACTORING OFFICE the adecessed from the adecessed from	DUENCE OF DEATH BUT NOT RE CH OPERATION WAS DAY YEAR 19 11, FARM 11C 1 DEGREE 1216, All DEGREE 1216, All DEGREE 1216, All	PERFORMED OW INJURY OCCURS CATION STMIT ATTENDING PHYSICIAN D DDRESS	NAL DISEASE OR CONDITION THE AUTOPSYP THE IN C. TESTER HATTHE OF PUBBLE AN ITS. CITY OF TOWN	FYES, WERE FIND ERTIFYING CAUSE YES COUNTY 19 6 d hour and from th	INGS USED S OF DEATH? NO [] state that [] (we) loe courses stated
if heri 21 is marked or hem 1	MEDICAL	GOVE TILE TO IMPRECIONE UNDERLYING COUSE PART 2 OTHER SIGNI THE DATE OF OPERATE THE ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETHER NOTHER MODEL THE SIGNIA TURE	which rediste the close the DUETO, tost (c). FICANT CONDITIONS ON 196 CON NIVING 1 216 TIME HOUR HOUR LEARNINGS I 196 CON NIVING 1 216 TIME HOUR HOUR LEARNINGS ON 196 CON HOUR HOUR LEARNINGS WE (THE OF WENT) A. Sterling	CONTRIBUTING TO SOFT INJURY A.M. MONTH P.M. E.OF INJURY MINERAL ACTORY, OFFICE day other plants, Lips deceased from dy other plants, Lips deceased from Lips deceas	DUENCE OF DEATH BUT NOT RE CH OPERATION WAS DAY YEAR 19 11, FARM 11C 1 DEGREE 1216, All DEGREE 1216, All DEGREE 1216, All	PERFORMED OW INJURY OCCURRE CATION INFET ATTENDING ATTENDING DORESS DORESS W. Main S	THE AUTOPSY? YES NO NO NOTE THAT THE OF MUSE AN INC. CITY OF TOWN AND TOWN THE HAT THE OF MUSE AN INC. CITY OF TOWN AND TOWN THE HAT THE OF MUSE AN INC. AND TOWN THE HAT THE OF MUSE AND THE OF MUSE AND THE OF MUSE AND THE OF TH	FYES, WERE FIND ERTIFYING CAUSE YES COUNTY 19 6 d hour and from th	INGS USED S OF DEATH? NO that I (we) late that I (we) late to the courses shorted E SIGNED 6-86

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3 0	EC.	EOS STATE OF		ATE OF MARYLAND F HEALTH AND MENTAL I	HYGIENEB 6	331167
	-4-	REGISTRAR		NER'S CERTIFICATE		10
		CEASED NAME FIRST	WIGDLE	LAST	20. DATE KNOWN	
	(14)	PE OR PRINT)	llis Lerov	Wilkins	OF ESTI-	11-24-00
	3. SE)	4 RACE 5. D	DATE OF BIRTH AONTH DAY YEAR LAST BIRTH	YEARS IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HO
ı	TOT		05-28-21 65	Moranio dalla Hodas	MIN. PRONOUNCED DEAD	11-21-186 2.
	Za. B1	RTHPLACE (STATE OR 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED THEVER MARE	9. BALTIMORE CITY	OR COUNTY OF DEATH
1		pewell. Md.	USA	WIDOWED DIVOR		set.
1	10. C	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOA	ME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYP	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	H	onewell, Md. D	O.A. McCready		for most of working Life)	OK INDUSTRY
-	USUA	TATE 1136, COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	13d. INSIDE CITY LIMITS?	T. D. /	1 Bpx 74 A
d		Warvland Some				Mg 77/8/
V		ATHER'S NAME	DDLE LAST	15. MOTHER'S MAID		LAST
2		William	Wilkins			Maddox
7	16a. V	VAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURI		ADDRESS	S
1		No.	220-12-	-0632 Sylvia	W. Johnson Me	elwille N.T
		18 CAUSE OF DEATH (Enter only on	ne cause per line far (a), (b) and (c).)			APPROXIMATE INTERVAL BETWAEN ONSST AND DEA
		PART I DEATH WAS CAUSED BY IMMEDIATE CA	Houte	- MI		Lustition
		0.001200712	DUE TO, OR AS A CONSEQUENCE	OF _		1/
		Canditians, if any, which gave rise to immediate	(b) A90	,00		Yases
		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		/
d		lying coose last.	(c)_			
1	7	PART 2 OTNER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a).	
	CERTIFICATION	190. DATE OF OPERATION	196, CONDITION FOR WHICH OPE	DATION WAS BEREORMED?		In autonova
7	FIC	THE STILL OF STEIN HOLD	178. CONDITION TOX WITHEIT OF E	RATION WAS FERT ORMED!		20. AUTOPSY?
H	ERTI	21g. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	1217 HOW INTURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM 18	YES NO
1		UNDERLYING OR	HOUR A.M. MONTH DAY YEA	AR THE	ED Truster average of transit to USW 18	PTANTI OR FARTZJ
	MEDICAL	CONTRIBUTING CAUSE OF DEAT	TH P.M. 19 21e. PLACE OF INJURY (AT HOME.	21f. LOCATION		
	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		220. I certify that I tag Parge af	the remains described above, held an	Autapsy , Inspection	an Inquiry , a	nd in my apinian
		death resulted fram	auses , Accident S	ovicide	Undetermined manner,	
	13	ACTUAL TO TOMAN	11 1til	TITLE (SPECIFY)		0475 44 07 0
-		SIGNATURE COM	of your	7_M.D	MEDICAL EXAMINER	DATE SIGNED 11=25-8
		EXAMINER'S NAME _		320 W		
1		(TYPE OR PRINTY James	A. Sterling, M.		ield, Maryla	nd 21817
	23a. Bi	URIAL, CREMATION, IREMOVAL 23b. D		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24.5		-29-86 Oriole	Cemetry		om. Md.
		nthony Ward	Coverst. Crisf:	LPM PLO	REC'D. BY REGISTRAR 25b. REG	
	H.	itoliony ward	COVE DC. CLISI.	Teru, Muner 2	1986 Alia 5	cordern Randall

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